

ANNUAL STATEMENT

For the Year Ended December 31, 2009 OF THE CONDITION AND AFFAIRS OF THE

NARRAGANSETT BAY INSURANCE COMPANY

NAIC Group Code 0497	,0497 NAIC Company	Code 43001	Employer's ID I	Number 05-0394576
(Current Period)	(Prior Period)			
Organized under the Laws of	Rhode Island	, State of Domicile or F	Port of Entry	Rhode Island
Country of Domicile		United States		
Incorporated/Organized	06/10/1981	_ Commenced Business		04/01/1982
Statutory Home Office	25 Maple Street	,	Pawtucket,	RI 02860-2104
	(Street and Number)		(City or Town,	State and Zip Code)
Main Administrative Office	25 Maple Street	Pawtucket, RI 02		401-725-5600
Mail Address	(Street and Number) P. O. Box 820	(City or Town, State a	nd Zip Code) Pawtucket, RI 0	, , , , ,
	eet and Number or P.O. Box)	_ '	(City or Town, State	
Primary Location of Books and Records	•	Pawtucket	RI 02860-2104	401-725-5600
Timary Education of Books and Resorted	(Street and Number)		State and Zip Code)	(Area Code) (Telephone Number
Internet Web Site Address		www.nbic.com		
Statutory Statement Contact	Laura Leigh Colangelo		401-4	495-6014
•	(Name)		(Area Code) (Teleph	none Number) (Extension)
lcolangelo@n			401-495-8914	
(E-Mail Addr	,		(Fax Number)	
	OFFI	CERS		
Name	Title	Name		Title
				Executive Vice President &
	Chairman & Chief Executive Officer	Geoffrey Eugene I	<u>-lunt</u> ,	Treasurer
Sean Fitzgerald Murphy ,	Senior Vice President & CFO		·	
	OTHER O	FFICERS		
Stewart Horner Steffey Jr.	DIRECTORS Of Geoffrey Eugene Hunt	Alex Anatol Fridlya		Srdjan Vukovic #
Eric Wayne Leathers #	Robert Emil Glanville	William Irving Rike	r	
State ofRhode IslandRhode Island	y sworn, each depose and say that they are e the absolute property of the said reporting bits, schedules and explanations therein co e said reporting entity as of the reporting per the NAIC Annual Statement Instructions are require differences in reporting not relate ore, the scope of this attestation by the destor formatting differences due to electronic for	entity, free and clear from any ntained, annexed or referred to criod stated above, and of its ind Accounting Practices and Pr d to accounting practices and prictibed officers also includes the	liens or claims there, is a full and true sta come and deductions ocedures manual ex rocedures, accordin related correspondi	on, except as herein stated, and atement of all the assets and s therefrom for the period ended, cept to the extent that: (1) state law g to the best of their information, ng electronic filing with the NAIC,
Stewart Horner Steffey Jr. Chairman & Chief Executive Of Subscribed and sworn to before me this day of		b. If no:,	Senior an original filing?	n Fitzgerald Murphy Vice President & CFO Yes [X] No []
			r of pages attached	



NAIC Group Code 0497 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2009 NAIC Company Code 43001

	NAIC Group Code 0497	BUSINESS	S IN THE STATE O	F Massachusetts			D	URING THE YEAR	2009		NAIC	Company Code 4	3001
			ncluding Policy and	3	4	5	6	7	8	9	10	11	12
		Members											
		Less Return P Premiums on Po		5 5	D: .	B			Direct Defense and	Direct Defense and			
		1	2	Dividends Paid or Credited to	Direct	Direct Losses			Cost Containment	Cost Containment	Cost Containment	Commissions	
		Direct Premiums	Direct Premiums	Policyholders on	Unearned Premium	Paid	Direct Losses		Expense	Expense	Expense	and Brokerage	Taxes,
	Line of Business	Written	Earned	Direct Business	Reserves	(deducting salvage)	Incurred	Direct Losses Unpaid		Incurred	Unpaid	Expenses	Licenses and Fees
1.	Fire	149,501	114,829		77 , 180	47.695	44,195	. 0	3,539	3,089	. 0	23,637	3.719
2.1	Allied lines	105,975	87,281		53,775	2.485	12,485	10,000	1,107	2,107	1.000	16,991	2,636
2.2	Multiple peril crop		, .			,	,		, .	, .	,	.,,,,	,,,,,
2.3	Federal flood												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril	11,479,597	8,705,698		6,275,524	831,700	1,245,280	821,550	85,996	146,866	133,503	2,687,174	285,549
5.1	Commercial multiple peril (non-liability portion)												
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine	143,765	104.805		82.071	29,375	26,075	0	1.184	684	0	23,099	3,576
10.	Financial guaranty					20,070			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
11.	Medical professional liability									<u> </u>			
12.	Earthquake	32,655	23,461		18.447	0	n	0	0	0	0	5,192	812
13.	Group accident and health (b)									ļ		, 102	
14.	Credit A & H (group and individual)												
15.1	Collectively renewable A & H (b)												
15.2	Non-cancelable A & H (b)												
15.3	Guaranteed renewable A & H (b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other A & H (b)												
15.8	Federal employees health benefits program premium (b)												
16.													
17.1		208,038	146,726		111,740	0	25,045	25,045	244	244	0	39,326	5,175
17.1	Other liability - occurrenceOther liability - claims-made	200,030	140,720		111,740	^U	23,043	23,043	244	Z44	0		
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)											·····	
19.2	Other private passenger auto liability											·····	
19.3	Commercial auto no-fault (personal injury protection)									·		·····	
19.4	Other commercial auto liability									ļ		·	
21.1	Private passenger auto physical damage											·····	
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.													
26.													
20. 27.	Burglary and theft								l	l			
28.									ļ	ļ			
30.	Credit Warranty								ļ	ļ	·		
34.	Aggregate write-ins for other lines of business	0	n	l0	0		ļ	^	1	ļ		0 	
35.	TOTALS (a)	12,119,531	9,182,800	^{\(\)}	6,618,737	911,255	1,353,080	856,595	92.070	152,990	134,503	2,795,419	301,467
	OF WRITE-INS	12,119,031	৳, 10∠,000	<u> </u>	0,010,131	911,200	1,333,080	000,090	92,070	102,990	134,303	2,790,419	301,407
3401.	OF WRITE-INS												
3402.													
3403.		t								·			
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	l	0	0	0	0	0	1	0	0	0
	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	l0	0	0	0	0	10	10	0	₀	⁰
J-33.	rotais (Lines 5401 tillough 5405 plus 5430) (Line 54 above)	U	U	<u> </u>		U	U	U	1 0	1 0	U	U	U

⁽a) Finance and service charges not included in Lines 1 to 35 \$ 76,215.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



NAIC Group Code 0497 **BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2009** NAIC Company Code 43001

	Traio Group Gode 0407		Industria Delieu and	2	1	_		TOTAL TEAT				John Paris Code	
		Member Less Return	Including Policy and ship Fees Premiums and olicies not Taken	3 Dividends Paid	4 Direct	5 Direct Losses	6	7	Direct Defense and Cost	9 Direct Defense and Cost	Direct Defense and Cost	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	or Credited to Policyholders on Direct Business	Unearned Premium Reserves	Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire	**************************************	Lamea	Direct Dusiness	1 10001 100	(accurating salvage)	mouncu	2.700t 2000co Oripait	, raid	mounte	Onpaid	Елропосо	2.0011000 and 1 ces
2.1	Allied lines	-						-					
2.2	Multiple peril crop							-					
2.3	Federal flood	•						-					
3.	Farmowners multiple peril	-						-					
4.	Homeowners multiple peril	2,246,779	496,911		1,749,016	12,304	43.933	44.824	1.400	12,190	12,288	418,173	50 , 144
5.1	Commercial multiple peril (non-liability portion)	Z,Z40,110				12,004	I		, 400		12,200		
5.2	Commercial multiple peril (liability portion)	-											
6.	Mortgage guaranty	-				 							
8.	Ocean marine	-				 							
9.		30,880	5,988		24,892	6.684	6.684	0	·}	l0		5.447	689
10.					24,092	0,004	0,004	0	ļ ^U	ļ ^U	0		009
1 -	Financial guaranty			ļ		 		-				ļ	·
11.	Medical professional liability	573	454	ļ	400	ļ							
12.	Earthquake	5/3	151	ļ	422	ļ0	0	0	0	0	0	86	13
13.	Group accident and health (b)												
14.	Credit A & H (group and individual)												
15.1	Collectively renewable A & H (b)												
15.2	Non-cancelable A & H (b)												
15.3	Guaranteed renewable A & H (b)	-											
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees					<u> </u>			<u> </u>	<u> </u>			
15.7	All other A & H (b)									<u> </u>			
15.8	Federal employees health benefits program premium (b)												
16.	Workers' compensation									l			
17.1	Other liability - occurrence	2,817	704		2,113	0	120	120	0	0	0	(3,369)	63
17.2	Other liability - claims-made	, -			,								
17.3	Excess workers' compensation	-								İ			
18.	Products liability					İ				İ			
19.1	Private passenger auto no-fault (personal injury protection)	-											
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability	-											
21.1	Private passenger auto physical damage							-					
21.2	Commercial auto physical damage							-					
22.	Aircraft (all perils)	-											
23.	Fidelity												
24.	· · · · / ·								-				
26.	Surety Burglary and theft	-							-				
27.	Boiler and machinery	-											
28.		-						-	-			ļ	
30.	Credit		-	ļ		 		-		 	-	ļ	·
34.	Warranty	-	·	ļ		····	}			} <u>-</u>		ļ	
	Aggregate write-ins for other lines of business		0	0		0	F	14.044	0	10.400	10.000	0	0
35.	TOTALS (a)	2,281,049	503,754	0	1,776,443	18,988	50,737	44,944	1,400	12,190	12,288	420,337	50,909
3401.	GOF WRITE-INS												
3401.		-		l					-			·	
3403.		+							-				
	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	1	0
3400	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0		I0		J0 0	l0 0	0	***************************************	J0 0	0	10	I0
UT00.	rotais (Lines 5401 tillough 5405 plus 5430) (Line 34 above)	U	l U	1 0	U	<u> </u>	U	U	Į U	<u> </u>	U	1 0	U

⁽a) Finance and service charges not included in Lines 1 to 35 \$

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products

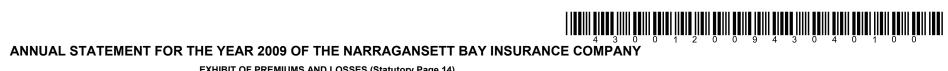


NAIC Group Code 0497 BUSINESS IN THE STATE OF New York DURING THE YEAR 2009 NAIC Company Code 43001

	NAIC Group Code 0497	BUSINE	ESS IN THE STATE	E OF New York			D	URING THE YEAR	2009		NAIC	Company Code 4	3001
		Gross Premiums, Ir Members Less Return F Premiums on Po	Premiums and	3	4	5	6	7	8 Direct Defense and	9 Direct Defense and		11	12
		1 Direct Premiums	2 Direct Premiums	Dividends Paid or Credited to Policyholders on	Direct Unearned Premium	Direct Losses Paid	Direct Losses		Cost Containment Expense	Cost Containment Expense	Cost Containment Expense	Commissions and Brokerage	Taxes,
	Line of Business	Written	Earned	Direct Business	Reserves	(deducting salvage)	Incurred	Direct Losses Unpaid	Paid	Incurred	Unpaid	Expenses	Licenses and Fees
1.	Fire												
2.1	Allied lines									1			
2.2	Multiple peril crop												
2.3	Federal flood												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril	9,383,751	5,381,949		5,266,050	222,722	458,688	454,237	47.019	90,935	84,438	1,997,122	268,705
5.1	Commercial multiple peril (non-liability portion)				, = 00, 000								
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine							-					
9.	Inland marine	64.161	33.542		37.703	7.631	12,631	5.000	681	1,681	1.000	10,512	1,837
10.	Financial guaranty					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,0,000			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11.	Medical professional liability												
12.	Earthquake	562	382		235	0	0	0	0	0	0	90	16
13.	Group accident and health (b)	502											
14.	Credit A & H (group and individual)												
15.1	Collectively renewable A & H (b)												
15.2	Non-cancelable A & H (b)												
15.3	Guaranteed renewable A & H (b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees							-					
15.7	All other A & H (b)							-					
15.8	Federal employees health benefits program premium (b)							-					
16.								-					
17.1	Workers' compensation Other liability - occurrence	76,890	35,378		42,367	0	6,038	6,038	0	<u> </u>	0	13,444	2,202
17.2	Other liability - occurrence	10,000			42,507	u		0,000	٠ ⁰	J	0	10,444	
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)									·			
19.4	Other commercial auto liability									ļ			
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage				·			-	·····	·	l		
22.	Aircraft (all perils)												
23.	Fidelity												
24.													
26.													
27.	Burglary and theft Boiler and machinery									l			
28.									l	l			
30.	Credit Warranty							-		ļ	l		
34.	Aggregate write-ins for other lines of business	0	0	l	n	0	<u></u>	n	l0	·	^	0	
35.	TOTALS (a)	9,525,364	5,451,251	J	5,346,355	230,353	477,357	465,275	47,700	92,616	85,438	2,021,168	272,760
	OF WRITE-INS	a, 020, 004	J,401,Z01	<u> </u>	5,340,333	230,333	411,331	400,270	41,100	92,010	00,430	2,021,100	212,100
3401.	, or mare-and												
3402.									<u> </u>	T			
3403.									<u> </u>	<u> </u>			
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	n	0	0	n	0	0	0	0	0	n
1- 100.	(Line of above)		U 0				U						U

⁽a) Finance and service charges not included in Lines 1 to 35 \$

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products



NAIC Group Code 0497 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2009 NAIC Company Code 43001

	NAIC Group Code 0497		SS IN THE STATE (OF Rhode Island			D	URING THE YEAR	2009		NAIC	Company Code 4	13001
			ncluding Policy and	3	4	5	6	7	8	9	10	11	12
		Members	ship Fees Premiums and]]	D: 10 (
			olicies not Taken	Dividends Paid	Direct	Direct Losses			Direct Defense and Cost	Direct Defense and Cost	Direct Defense and Cost		
		1	2	or Credited to	Direct	Direct Losses			Containment	Containment	Containment	Commissions	
		Direct Premiums	Direct Premiums	Policyholders on	Unearned Premium	Paid	Direct Losses		Expense	Expense	Expense	and Brokerage	Taxes,
	Line of Business	Written	Earned	Direct Business	Reserves	(deducting salvage)	Incurred	Direct Losses Unpaid		Incurred	Unpaid	Expenses	Licenses and Fees
1.	Fire	403,359	358,307		209,342	6,796	6,796	0	550	550	750	58,211	26,849
2.1	Allied lines	300,899	276,308		158,226	261,786	317,888	71,222	16,432	18,832	3,500	44 , 406	20,029
2.2	Multiple peril crop												
2.3	Federal flood												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril	4,937,103	3,840,843		2,806,854	577,842	951,865	685,370	66,980	118,488	80,591	838,809	328,632
5.1	Commercial multiple peril (non-liability portion)												
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine	54,475	37,766		30,380	7 , 188	25,988	25,648	970	1,720	750	8,460	3,626
10.	Financial guaranty												
11.	Medical professional liability												
12.	Earthquake	8,035	6,328		4,719	L0	0	0	L0	L0	0	1,233	535
13.	Group accident and health (b)	,	,		,							,	
14.	Credit A & H (group and individual)												
15.1	Collectively renewable A & H (b)												
15.2	Non-cancelable A & H (b)												
15.3	Guaranteed renewable A & H (b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other A & H (b)												
15.8	Federal employees health benefits program premium (b)												
16.	Workers' compensation												
17.1	Other liability - occurrence	102,596	80,823		55,186	2,550	18,347	19,797	532	882	2,500	16,357	6,829
17.2	Other liability - claims-made												
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability				-								
21.1	Private passenger auto physical damage				-								
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)				-								
23.	Fidelity												
24.	Surety				-								
26.	Burglary and theft				-								
27.	Boiler and machinery				-								
28.	Credit												
30.	Warranty				-								
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	n	0	0	Λ	0	n
35.	TOTALS (a)	5,806,467	4,600,375		3,264,707	856,162	1,320,884	802,037	85,464	140,472	88,091	967,476	386,500
DETAILS	FOF WRITE-INS	0,000,407	4,000,373	<u> </u>	3,204,707	050,102	1,020,004	002,037	00,404	140,472	00,001	301,410	300,300
3401.		1											
3402.													
3403.		1											
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0		0	0	0		0	0	0	0
10.00.	. 5.2 (255 5 10 1 till odgil 5 100 plat 5 100) (2.1.16 04 db0/c)	· ·	U 0				0	· ·			U	0	0

⁽a) Finance and service charges not included in Lines 1 to 35 \$

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products



BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2009 NAIC Company Code 43001 NAIC Group Code 0497

	NAIC Group Code 0497	BUSINES	SS IN THE STATE	OF Consolidated			D	URING THE YEAR	R 2009		NAIC	Company Code 4	3001
			ncluding Policy and	3	4	5	6	7	8	9	10	11	12
			ship Fees										
			Premiums and						Direct Defense and	Direct Defense and			
		Premiums on Po	olicies not Taken	Dividends Paid	Direct	Direct Losses			Cost	Cost	Cost		
		1	2	or Credited to					Containment	Containment	Containment	Commissions	_
		Direct Premiums	Direct Premiums	Policyholders on	Unearned Premium	Paid	Direct Losses		Expense	Expense	Expense	and Brokerage	Taxes,
	Line of Business	Written	Earned	Direct Business	Reserves	(deducting salvage)	Incurred	Direct Losses Unpaid		Incurred	Unpaid	Expenses	Licenses and Fees
1.	Fire	552,860	473,136	ļ0	286,522	54,491	50,991	0	4,089	3,639		81,848	30,568
2.1	Allied lines	406,874	363,589]0	212,001	264,271	330,373	81,222		20,939	4,500	61,397	22,665
2.2	Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3	Federal flood	0	0	0	0	0	00	0	0	0	0	[0 <u> </u>	0
3.	Farmowners multiple peril	0	<u> </u> 0	L0	0	0	L 0	0	<u>l</u> 0	L0	0	L0 I	0
4.	Homeowners multiple peril	28,047,230	18,425,401	L0	16,097,444	1,644,568	2,699,766	2,005,981	201,395	368,479	310,820	5,941,278	933,030
5.1	Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2	Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0 1	0
6.	Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8.	Ocean marine	0	n	n	0	n	l	0	<u> </u>	n	0	۱	
9.	Inland marine	293,281	182.101	h	175.046	50,878	71,378	30.648	2.835	4,085	1.750	47.518	9.728
10.	Financial guaranty	233,201	102, 101	10	17 3 , 040	0,070	1,370		2,000		1,730	0	
11.	Medical professional liability	U	ļ	ļ	U	ļ0	⁰	0	0	ļ	U	^U	⁰
12.		41,825	30,322	ļ	23,823	ļ0	ļņ	ļ	J0	ļ	ļŪ	0,601	1,376
	Earthquake	41,825		ļ	23,823		ļ	0	ļ0	ļ	0		1,3/0
13.	Group accident and health (b)	0	0	ļ0	0	0	ļ0	0	ļ0	ļ	0	ļ0	0
14.	Credit A & H (group and individual)	0	0	ļ0	0	ļ0	ļ0	0	ļ0	ļ0	0	ļ0	0
15.1	Collectively renewable A & H (b)	0	0	0	0	0	0	0	0	0	0	[0	0
15.2	Non-cancelable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Guaranteed renewable A & H (b)	0	0	0	0	0	0	0	0	0	0	<u> </u>	0
15.4	Non-renewable for stated reasons only (b)	0	0	0	0	0	00	0	0	0	0	L0	0
15.5	Other accident only	0	0	0	0	0	L 0	0	0	0	0	L0	0
15.6	Medicare Title XVIII exempt from state taxes or fees	0	L0	L0	0	L0	L0	0	0	L0	0	L0 l	0
15.7	All other A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17.1	Other liability - occurrence	390,341	263,631	<u> </u>	211,406	2,550	49,550	51,000	776	1,126	2,500	65,758	14,269
17.2	Other liability - claims-made	000,041	200,001	<u></u>	211,400	0	n	01,000	,,,	1, 120	7,000	n l	
17.3	Excess workers' compensation	0	1	h	0	0	l0	0	0	h		ا ۱	
18.	Products liability	0	l0	10	0	J0	l0	0	0	ļ		ا ۱	0 I
19.1	Private passenger auto no-fault (personal injury protection)	0	10	ļ	0	0	l0	0	J0	ļ	0	ا ۱ ۱	
19.1	Other private passenger auto no-rault (personal injury protection)	0	J0	ļ	0	10	ļ	0	ļ	ļ	0	^U	⁰
-	Other private passenger auto liability	0	0	ļ	0	ļ	ļ	0	ļ0	ļū	0	⁰	⁰
19.3	Commercial auto no-fault (personal injury protection)	0	0	ļ0	0	ļ0	J0	0	ļ0	ļ	0	⁰	0
19.4	Other commercial auto liability	0	0	ļ0	0	0	ļ0	0	0	ļ0	0	ļ <u>0</u>	0
21.1	Private passenger auto physical damage	0	0	ļ0	0	0	ļ0	0	0	0	0	0	0
21.2	Commercial auto physical damage	0	0	0	0	0]0	0	0	0	0	0	0
22.	Aircraft (all perils)	0	0	0	0	0	00	0	0	0	0	[0	0
23.	Fidelity	0	<u> </u> 0	0	0	0	 0	0	0	0	0	<u> </u> 0	0
24.	Surety	0	0	<u></u> 0	0	0	 0	0	0	0	0	[0 	0
26.	Burglary and theft	0	0	0	0	0	 0	0	0	0	0	L0	0
27.	Boiler and machinery	0	0	L0	0	L0	L0	0	0	L0	0	L0 l	0
28.	Credit	0	0	0	0	0	0	0	0	0	0	0	0
30.	Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34.	Aggregate write-ins for other lines of business	n	n	n	n	n	l n	n	n	n	n	n l	ň l
35.	TOTALS (a)	29,732,411	19,738,180	n	17,006,242	2,016,758	3,202,058	2,168,851	226,634	398,268	320,320	6,204,400	1,011,636
	OF WRITE-INS	20,102,411	10,700,100	1	17,000,242	2,010,700	0,202,000	2,100,001	220,034	330,200	020,020	0,204,400	1,011,000
3401.	or mare-mo	0	0	0	0	0	0	0	0	0	0	0	0
3402.		1	T			1	I	•				i	
3403.					-		i						
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	1	<u> </u>	n	<u> </u>	<u> </u>	0	<u> </u>	<u> </u>	0	h	n
	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)		ļ	ļ	0	ļ0	l	0	ļ0	ļ	U	[\]	⁰
J -1 99.	Totals (Lines 3401 through 3403 plus 3490) (Line 34 above)	1	0	1 0	U	1 0	1 0	U	1 0	1 0	1	0	U

⁽a) Finance and service charges not included in Lines 1 to 35 \$

_0 and number of persons insured under indemnity only products

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (000 Omitted)

					Assumed Re		ecember 31, Curr	ent Year (000 Omi	itted)					
1	2	3	4	5		Reinsurance On		9	10	11	12	13	14	15
					6	7	8		ĺ				Amount of Assets	
													Pledged or Compensating Balances to	Amount of Assets
											Funds Held By or		Compensating	Pledged or
Federal	NAIC				Paid Losses and			Contingent	Assumed		Deposited With		Balances to	Collateral
ID	Company		Domiciliary	Assumed	Loss Adjustment	Known Case		Commissions	Premiums	Unearned	Reinsured	Letters of Credit	Secure Letters	Held in
Number	Code	Name of Reinsured	Jurisdiction	Premium	Expenses	Losses and LAE	Cols. 6 +7	Payable	Receivable	Premium	Companies	Posted	of Credit	Trust
Other U.S. U			- Carroanotion			200000 0.10 27 12	00.0.0	. 4,45.0	1100011000		Companies	. 00.00	0. 0.00.0	11401
05-0204450	24295	PROVIDENCE WASHINGTON INSURANCE COMPANY	RI] 3	2	127	129			1				
00 0201100	2 1200	THE TELEVISION WITH THE TE					120							
0599999 - T	otal - Other	U.S. Unaffiliated Insurers		3	2	127	129	0	0	1	0	0	0	0
	_										ļ			
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	+													
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	+		-		-									
	4													
9999999 T	otals			3	2	127	129	0	1 0	1	0	0	0	0

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

3 4 2 NAIC 1 2
Federal NAIC
ID Company
Number Code
0199999 Total Reinsurance Ceded by Portfolio
0299999 Total Reinsurance Assumed by Portfolio Reinsurance Premium Name of Company Date of Contract Original Premium **NONE**

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

		-				Kemsurance	as of Decei	nber 31, Curre							D	D l. l.		
1	2	3	4	_ 5	6					ance Recover					Reinsurano		18	19
				Reinsurance	;	7	8	9	10	11	12	13	14	15	16	17		
				Contracts	1 1												Net Amount	I I
				Ceding 75%	·I I													Funds Held
				or More of	1 1											Other	From	By Company
Federal	NAIC			Direct	Reinsurance			Known Case	Known Case				Contingent	Cols.	Ceded	Amounts	Reinsurers	Under
ID	Company		Domiciliary	Premiums	Premiums	Paid	Paid	Loss	LAE	IBNR Loss	IBNR LAE	Unearned	Commis-	7 through 14	Balances	Due to	Cols. 15 -	Reinsurance
Number	Code	Name of Reinsurer	Jurisdiction	Written	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	sions	Totals	Payable	Reinsurers	[16 + 17]	Treaties
Authorized -	Other U.S. L	Unaffiliated Insurers						1							· , · · · ·			
06-1182357		Allied World Reinsurance Company	l NJ		233	0	1 0	0	0	36	4	221	35	296	110	0	186	0
36-2661954	10103	American Agricultural Insurance Company	1 IN		108	0	0	0	0	0	0	12	0	12	7	0	5	0
42-0234980	21415	Employers Mutual Casualty Company	l IA		288	3	0	2	0	19	2	113	18	158	57	0	101	0
22-2005057	26921	Everest Reinsurance Company	DE.		745	0	0	0	0	0	0	81	0	81	50	0	31	0
47 - 0698507	23680	Odyssey America Reinsurance Corporation	CT		216	2	0	1	0	0	0	4	0	7	2	0	4	0
23-1641984	10219	QBÉ Reinsurance Corporation	PA		1,050	14	1	7	0	51	5	311	47	436	157	0	279	0
75-1444207	30058	Scor Reinsurance Company	NY		311	0	0	0	0	48	5	294	47	394	146	0	248	0
13-1675535	25364	Swiss Reinsurance America Corporation	NY		801 [0	0	0	0	0	0	72	0	72	44	0	28	0
13-2918573	42439	Toa Reinsurance Company Of America	. DE		819	10	1	5	0	62	6	372	59	515	186	0	329	0
13-5616275	19453	Transatlantic Reinsurance Company	NY		180	0	0	0	0	0	0	12	0	12	7	0	5	0
13-2673100	22039	General Reinsurance Corporation	DE		255	0	2	76	4	50	1	91	0	223	43	0	181	0
		zed - Other U.S. Unaffiliated Insurers			5,007	29	5	91	4	265	23	1,583	206	2,205	808	0	1,397	0
Authorized -																		
AA-1340125	00000	Hannover Ruckversicherung AG	DE		419	6	1	3	0	31	3	184	29	257	92	0	165	0
AA-1126510	00000	Lloyd's Underwriter Syndicate No. 0510	GB		23	0	0	0	0	0	0	3	0	3	2	0	1	0
AA-1127221	00000	Lloyd's Underwriter Syndicate No. 1221	GB		30 [0	0	0	0	0	0	3	0	3	2	0	1	0
AA-1127414	00000	Lloyd's Underwriter Syndicate No. 1414	GB		145	0	0	0	0	0	0	10	0	10	6	0	4	0
AA-1128001	00000	Lloyd's Underwriter Syndicate No. 2001	GB		362	0	0	0	0	0	0	27	0	27	17	0	11	0
AA-1120071	00000	Lloyd's Underwriter Syndicate No. 2007	GB		125	0	0	0	0	<u> </u> 0	ļ <u>0</u>		0	7	4	0	3	0
AA-1128791	00000	Lloyd's Underwriter Syndicate No. 2791	GB		189	0]0	0	0	0	0	16	0	16	10	0	6	0
AA - 1128987	00000	Lloyd's Underwriter Syndicate No. 2987	GB		247	0	ļ0	0	0	ļ	ļ	16	0	16	10	0	6	0
AA-1464100		SCOR Switzerland Limited	CH		812	U	<u></u>	<u>U</u>	<u></u> U	U	<u></u> 0	65	0	65	40	0	25	
		zed - Other Non-U.S. Insurers			2,352	6	1	3	0	31	3	332	29	405	182	0	223	0
	otal Authori	**			7,359	34	6	93	4	296	26	1,914	235	2,610	990	0	1,620	0
		U.S. Insurers	T Bu		055.1							25		25	45.1		10	
AA - 3190874		Amlin Bermuda Ltd	RM		355	0	ļ	0	0	ļ	ļ	25	0	25	15	0	10	<u>0</u>
AA - 3190873	00000	Ariel Reinsurance Company Ltd.	BM		31	0	10	0	0	10	ļ <u>0</u>	0	0	0	0	0	0	<u>0</u>
AA - 1460006 AA - 3190060		Flagstone Reassurance Suisse SA	CH BM		201		ļ0	0	U	ļ	ļ	22	U	22	13 22	0	8	<u>0</u>
AA - 5420050	00000	Hannover Re (Bermuda) Limited	KR		528 70		J	<u>0</u>	U	ļ	ļ	30	U	30	22	U	14	J
AA-3194129	00000	Montpelier Reinsurance Ltd.	BM		503		J	0		ļ	ļ	33		33	20		13	⁰
AA-3194200	00000	MS Frontier Reinsurance Limited	BM		180	 0	J	U	U	J	ļ	20		20	12		IS	0
AA - 1320034	00000	PARIS RE	FR		213	 0	1	U	U	J	10	16		16	10		0	J
AA-3190686	00000	Partner Reinsurance Company Ltd.	RM		383	٥	h0	<u>0</u>	<u>u</u>	l0	10	30	<u>0</u>	30	18	0	12	
AA - 1340004	00000	R+V Versicherung AG	DF		411		h0	0	<u>0</u>	l	h	3/1	<u>0</u>	34	21		13	h
AA-3190339	00000	Renaissance Reinsurance Ltd.	BM		119		1 0	0	n	1 0	n	10	n	10		0	4	n l
AA - 1440076	00000	Sirius International Insurance Corp	SE SE			0	0	0	n	0	0	6	n	6	4	n	2	n l
AA-3190757	00000	XL Re Ltd.	BM		204	n	0	0	n	0	0	16	n	16	10	n	6	n l
		rized - Other Non-U.S. Insurers		·	3,254	0	0	0	0	0	0	254	n	254	155	n	99	0
	otal Unautho				3,254	0	1 0	0	0	0	0	254	n	254	155	0	99	
		zed and Unauthorized			10,614	34	6	93	1	296	26		235		1,145	n	1.719	
9999999 T		200 una shaatiloi izoa			10,614	34		93	4		26		235	2,865	1,145	0	/ '	1 0
9999999 1	otais				10,014	34	1 0	93	4	290		2,109	230	2,000	1,140	U	1,719	U

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000: 2 3 Name of Reinsurer Commission Rate Ceded Premium B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer. 2 3 Ceded Premiums Name of Reinsurer Total Recoverables Affiliated 1. Toa Reinsurance Company Of America. ____515 ______186 Yes [] No [X] 2. QBE Reinsurance Corporation____ ...157 Yes [] No [X] 3. Scor Reinsurance Company. ...146 Yes [] No [X 4. Allied World Reinsurance Company.
5. Hannover Ruckversicherung AG. __110 Yes j No į X ..92 Yes [] No [X]

SCHEDULE F - PART 4 Aging of Ceded Reinsurance as of December 31, Current Year (000 OMITTED)

				Aging of C	Ceded Reinsurance a							
1	2	3	4		Reinsu	urance Recoverable of	n Paid Losses and Pai	d Loss Adjustment Ex	penses		12	13
				5			Overdue			11	1	
					6	7	8	9	10			Percentage More
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Current	1 to 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 6 + 7 + 8 + 9	Total Due Cols. 5 + 10	Percentage Overdue Col. 10/Col. 11	Than 120 Days Overdue Col. 9 / Col. 11
		affiliated Insurers	Julisulction	Current	1 to 29 Days	30 - 30 Days	91 - 120 Days	Over 120 Days	COIS. 0 + 1 + 0 + 9	C015. 3 + 10	COI. 10/COI. 11	Coi. 11
06-1182357		Allied World Reinsurance Company	I NI I	۸۱						1	0.0	n n n
36-2661954		American Agricultural Insurance Company	IN	N					0	0	0.0	0.0
42-0234980		Employers Mutual Casualty Company	IA					. ^U	0	I	0.0	0.0
22-2005057	26021	Everest Reinsurance Company	DE	⁴				. ⁰	0	l4	0.0	0.0
47 - 0698507	23680	Odyssey America Reinsurance Corporation	CT	······································				.†o			0.0	0.0
23 - 1641984	10210	QBE Reinsurance Corporation						o	0	15	0.0	0.0
75-1444207		Scor Reinsurance Company	NY NY	n l					0	10	0.0	0.0
13 - 1675535	25364	Swiss Reinsurance America Corporation	NY NY					1	n	n	0.0	0.0
13-2918573	42439	Toa Reinsurance Company Of America	DE	11					0	11	0.0	0.0
13-5616275	19453	Transatlantic Reinsurance Company	NY					1 0	0	0	0.0	0.0
13-2673100	22039	General Reinsurance Corporation	DE	2					0	2	0.0	0.0
		ed - Other U.S. Unaffiliated Insurers		34	0	0	0	0	0	34	0.0	
Authorized - 0				*	* 1	-	-		•	***	***	
AA - 1340125		Hannover Ruckversicherung AG	DF	6 I				1 0	0	1 6	0.0	0.0
AA-1126510	00000	Lloyd's Underwriter Syndicate No. 0510	GB	0				0	0	0	0.0	0.0
AA - 1127221	00000	Llovd's Underwriter Syndicate No. 1221	GB	0				0	0	0	0.0	0.0
AA-1127414	00000	Lloyd's Underwriter Syndicate No. 1414	GB	0				Ŏ	0	0	0.0	0.0
AA-1128001	00000	Lloyd's Underwriter Syndicate No. 2001	GB	.0				0	0	0	0.0	0.0
AA-1120071	00000	Lloyd's Underwriter Syndicate No. 2007	GB	0				0	0	0	0.0	0.0
AA-1128791	00000	Lloyd's Underwriter Syndicate No. 2791	GB	0				0	0	0	0.0	0.0
AA-1128987	00000	Lloyd's Underwriter Syndicate No. 2987		0 				0	0	0	0.0	0.0
AA-1464100		SCOR Switzerland Limited	CH	0 				0	0	0	0.0	0.0
		ed – Other Non-U.S. Insurers		6	0	0	0	0	0	6	0.0	0.0
0999999 - To	tal Authorize	ed		40	0	0	0	0	0	40	0.0	0.0
Unauthorized -			•						•	•		
AA-3190874	00000	Amlin Bermuda Ltd	BM	0				0	0	0	0.0	0.0
AA-3190873	00000	Ariel Reinsurance Company Ltd	BM	0 				0	0	0	0.0	0.0
AA - 1460006		Flagstone Reassurance Suisse SA.	CH	0 				0	0	0	0.0	0.0
AA-3190060	00000	Hannover Re (Bermuda) Limited	BM	0				0	0	0	0.0	0.0
AA - 5420050	00000	Korean Reinsurance Company	KR	0				0	0	0	0.0	0.0
AA-3194129		Montpelier Reinsurance Ltd.	BM	0				0	0	0	0.0	0.0
AA-3194200	00000	MS Frontier Reinsurance Limited	BM					. 0	0	[0	0.0	0.0
AA - 1320034	00000	PARIS RE.	FR	0			ļ	ļō	0	ļ0	0.0	0.0
AA-3190686	00000	Partner Reinsurance Company Ltd.	BM	ğ				. 0	ļ	[0	0.0	0.0
AA - 1340004		R+V Versicherung AG	DE	ğ				. 0	ļ	₀	0.0	0.0
AA-3190339	00000	Renaissance Reinsurance Ltd.	BM	·····ŏ				. 	ļ <u>0</u>	Jō	0.0	0.0
AA - 1440076	00000	Sirius International Insurance Corp.	SE	Ď				0	0	<u>0</u>	0.0	0.0
AA-3190757		XL Re Ltd	BM	0				0	0	0	0.0	0.0
		ed and Unathorized		40	0	0	0	0	0	40	0.0	0.0
9999999 To	otals			40	0	0	0	0	0	40	0.0	0.0

SCHEDULE F - PART 5

Provision for Unauthorized Reinsurance as of December 31, Current Year (000 OMITTED)

				11041	sion for onduct	ionized itemisu	Turice as or be	cember or, our	rrent Year (000	OWITT TED)						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
															1	Total Provision
												Recoverable			1	for
				Doingurance											Cmaller of Cal	
				Reinsurance						l		Paid Losses			Smaller of Col.	
				Recoverable						Sum of Cols.		& LAE			11 or 20% of	
				all Items	By Company					6 through 10		Expenses			Amount in	Smaller of
Federal	NAIC			Schedule F	Under		Ceded		Other	but not in	Subtotal	Over 90 Days	20% of	Smaller of	Dispute	Col.5 or
ID	Company		Domiciliary	Part 3,	Reinsurance	Letters of		Miscellaneous		excess	Col. 5 minus			Col. 11 or	Included in	Cols.
Number	Code	Name of Reinsurer	Jurisdiction	Col. 15	Treaties	Credit	Payable	Balances	Offset Items	of Col. 5	Col. 11	in Dispute	Col. 13	Col. 14	Col. 5	12 +15 + 16
		Name of Reinsurer	Jurisdiction	C01. 15	rrealles	Credit	Payable	Balances	Oliset items	01 C01. 5	COI. I I	In Dispute	COI. 13	C01. 14	C01. 5	12 + 15 + 16
Other Non-U.S																
AA-3190874	00000	Amlin Bermuda Ltd	BM	25	0		15	L0		15	10	L0	0	0	J0	10
AA-3190873	00000	Ariel Reinsurance Company Ltd	BM	<u>l</u> 0	<u></u> 0		0	<u>[0</u>		<u>l</u> 0	0	0	0	0	0	0
AA - 3190873 AA - 1460006	00000	Ariel Reinsurance Company Ltd. Flagstone Reassurance Suisse SA	CH	22	0		13	0		13	8	0	0	0	0	8
AA - 3190060	00000	Hannover Re (Bermuda) Limited	BM	36	0		22	0		22	14	0	0	0	0	14
AA - 5420050	00000	Varaan Dainguranaa Company	KR	8	0		5	0		5	3	0	0	0	0	3
AA - 5420050 AA - 3194129	00000	Montpelier Reinsurance Ltd	BM	33	0			0		20	13	0	0	0	0	13
AA-3194200	00000	MS Frontier Reinsurance Limited	BM	20	n n		12	n n		12	8	n n	n n	0	n	8
AA - 1320034	00000	PARIS RE	FR	16	n		10	n		10	6	<u> </u>	n	0	n n	6
AA - 1320034 AA - 3190686	00000	Partner Reincurance Company Ltd	BM	30	۸		18	۱		18	12		ر ا	n	ļ	12
AA - 1340004	00000	P±V Vorsishorung AG	DF	34	ر ر		21	١٠		21	12	l0	h0	h0	ļņ	12
AA-3190339	00000	Pongiaconco Paincuronco I td	BM	10	ν		ــــــــــــــــــــــــــــــــــــــ	۷			13	٧	ν	ν	١	13
AA - 1440076	00000	Renaissance Reinsurance Ltd. Sirius International Insurance Corp.	SF	10	لا		D	الإ		ļ	4	٧	٧	٧	١	4
AA - 3190757	00000	Strius international insurance corp		0	L		40	J		4	-	J	ļ	ļ	ļ	<u>2</u>
	00000	XL Re Ltd	DMI	10	<u></u> U		10	<u></u>		10	0	<u></u>	<u> </u>	<u></u> U	<u></u>	0
		n-U.S. Insurers		254	0	0	155	0	0	155			0	0	0	99
0999999 - To	otal Affiliat	es and Others		254	0	0	155	0	0	155	99	0	0	0	0	99
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9999999 To	otals			254	0	0	155	0	0	155	99	0	0	0	0	99

. /	Amounts in	dispute	tota	ling \$	0	are incl	luded ir	n Column 5	5.
-----	------------	---------	------	---------	---	----------	----------	------------	----

Amounts in dispute totaling \$ ______ 0 are excluded from Column 13.

SCHEDULE F - PART 6

Provision for Overdue Authorized Reinsurance as of December 31. Current Year

			1 10 10 10 11 1		Reinsurance as of Decer	inder or, ourrent rear				
1	2	3	4	5	6	7	8	9	10	11
			Reinsurance					1		
			Recoverable on Paid	Total Reinsurance			Amounts in Col. 4 for	Amounts in Dispute		
Federal	NAIC		Losses and LAE More	Recoverable on Paid			Companies Reporting	Amounts in Dispute Excluded from Col. 4 for		
i euciai			The second Davis Occasion	Losses and Paid LAE	A	0-1 4 45 34-4 5	less than	Carananian Danantina	200/ -f A	A
ID.	Company Code		Than 90 Days Overdue	Losses and Paid LAE	Amounts Received	Col. 4 divided by (Cols. 5 + 6)	less than	Companies Reporting less than 20% in Col. 7	20% of Amount	Amount Reported in Col. 8 x 20% + Col. 10
Number	Code	Name of Reinsurer	(a)	(b)	Prior 90 Days	(Cols. 5 + 6)	20% in Col. 7	less than 20% in Col. 7	in Col. 9	Col. 8 x 20% + Col. 10
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_in dispute.

⁽a) From Schedule F - Part 4 Columns 8 + 9, total authorized, less \$... (b) From Schedule F - Part 3 Columns 7 + 8, total authorized, less \$... in dispute.

SCHEDULE F - PART 7

Provision for Overdue Reinsurance as of December 31, Current Year

1 1	2	3	4	5	6	7	8	9	10	11	12
Federal ID Number	NAIC Company Code	Name of Reinsurer	Reinsurance Recoverable All Items	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	Ceded Balances Payable	Other Miscellaneous Balances	Other Allowed Offset Items	Sum of Cols. 5 through 9 but not in Excess of Col. 4	Col. 4 minus Col. 10	Greater of Col. 11 or Schedule F - Part 4
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						†	<u> </u>				İ
9999999 Tota	tals	<u></u>	n	0	0	0	0	·····	0	<u> </u>	<u> </u>
			0	0	U	1 0	1. Total		, ,		1

1. Total 2. Line 1 x .20

3. Schedule F - Part 6 Col. 11

4. Provision for Overdue Authorized Reinsurance (Lines 2 + 3)
5. Provision for Unauthorized Reinsurance (Schedule F - Part 5, Col. 17 x 1000)
6. Provision for Reinsurance (sum Lines 4 + 5) (Enter this amount on Page 3, Line 16)

99,200 99,200

SCHEDULE F - PART 8

	Restatement of Balance Sheet to Identify Net Credit	for Reinsurance		
		As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSET	<u>S</u> (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	40 ,830 ,047		40,830,047
2.	Premiums and considerations (Line 13)	3,271,333		3,271,333
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 14.1)	39,987	(39,987)	0
4	Funds held by or deposited with reinsured companies (Line 14.2)	0		0
5.	Other assets	2,322,809		2,322,809
6.	Net amount recoverable from reinsurers		1,619,264	1,619,264
7.	Protected cell assets (Line 25)	0		0
8.	Totals (Line 26)	46,464,176	1,579,277	48,043,453
LIABIL	ITIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)	2,199,291	418,924	2,618,215
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	2,121,470	235,897	2,357,367
11.	Unearned premiums (Line 9)	14,837,952	2,168,869	17,006,821
12.	Advance premiums (Line 10)	539,922		539,922
13.	Dividends declared and unpaid (Line 11.1 and 11.2)	0		0
14.	Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	1,145,213	(1,145,213)	0
15.	Funds held by company under reinsurance treaties (Line 13)	0		0
16.	Amounts withheld or retained by company for account of others (Line 14)	0		0
17.	Provision for reinsurance (Line 16)	99,200	(99,200)	0
18.	Other liabilities	2,332		2,332
19.	Total liabilities excluding protected cell business (Line 24)	20,945,380	1,579,277	22,524,657
20.	Protected cell liabilities (Line 25)	. 0		0
21.	Surplus as regards policyholders (Line 35)	25,518,796	xxx	25,518,796
22.	Totals (Line 36)	46,464,176	1,579,277	48,043,453

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [] No [X] If yes, give full explanation:

Schedule H - Part 1

NONE

Schedule H - Part 2

NONE

Schedule H - Part 3

NONE

Schedule H - Part 4

NONE

Schedule H - Part 5 - Health Claims

NONE

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$000 OMITTED)

Years in	Pı	remiums Earne	ed					xpense Payme				12
Which	1	2	3				and Cost	Adjusting		10	11]
Premiums Were				Loss Pa	,		nt Payments	Payn 8	nents 9	1	Tatal	Nih
Earned				4	5	6	/	8	9	Salvage	Total Net Paid	Number of Claims
and Losses										and	(Cols. 4 - 5	Reported
Were	Direct and		Net	Direct and		Direct and		Direct and		Subrogation	+6-7	Direct and
Incurred	Assumed	Ceded	(Cols. 1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1. Prior	xxx	xxx	xxx	0	0	0	0	0	0	0	0	xxx
2. 2000	0	0	0	0	0	0	0	0	0	0	0	0
3. 2001	0	0	0	0	0	0	0	0	0	0	0	0
4. 2002	0	0	0	0	0	0	0	0	0	0	0	0
5. 2003	0	0	0	0	0	0	0	0	0	0	0	0
6. 2004	0	0	0	0	0	0	0	0	0	0	0	0
7. 2005	0	0	0	0	0	0	0	0	0	0	0	0
8. 2006	1,931	728	1,203			188	182	0	0	500	250	5
9. 2007	3,417	1,391	2,026	1,028	173	65	19	34	11	0	924	86
10. 2008	8,511	3,110	5,401	1,172	176	98	17	70	0	8	1,147	224
11. 2009	18,425	8,582	9,843	1,350	34	170	3	285	0	0	1,768	455
12. Totals	XXX	XXX	XXX	3,810	399	521	221	389	11	508	4,089	XXX

		Losses	Unpaid		Defen	se and Cost (Containment U	Jnpaid	Adjusting Ung	and Other	23	24	25
	Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	· IBNR	21	22	1		
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	25	0	7	2	0	0	1	0	0	0	0	31	1
9.	166	76	40	12	0	4	8	1	0	0	0	121	3
10.	67	0	106	31	7	0	21	3	0	0	0	167	7
11.	902	10	820	210	99	0	174	22	0	0	0	1,753	161
12.	1,160	86	973	255	106	4	204	26	0	0	0	2,072	172

П		Total		Loss and I	Loss Expense Po	ercentage			34	Net Balar	nce Sheet
	Losses an	d Loss Expense	s Incurred		ed/Premiums Ea		Nontabula	r Discount	Inter-		ter Discount
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	xxx	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	481	200	281	24.9	27 .5	23.4	0	0	0.0	30	1
9.	1,341	296	1,045	39.2	21.3	51.6	0	0	0.0	118	3
10.	1,541	227	1,314	18.1	7.3	24.3	0	0	0.0	142	25
11.	3,800	279	3,521	20.6	3.3	35.8	0	0	0.0	1,502	251
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	1,792	280

Schedule P - Part 1B - Private Passenger NONE

Schedule P - Part 1C - Comm Auto/Truck $\begin{tabular}{c} \begin{tabular}{c} ule P - Part 1D - Workers' Comp $\begin{tabular}{c} NONE \end{tabular}$

Schedule P - Part 1E - Comm Multi Peril NONE

Schedule P - Part 1F - Med Pro Liab Occ NONE

Schedule P - Part 1F - Med Pro Liab Clm ${\color{red}NONE}$

Schedule P - Part 1G - Special Liability $\begin{tabular}{c} \begin{tabular}{c} \begin{t$

SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

የሰባብ	OM	ITTED	١

Years in	Pr	emiums Earne	ed					kpense Payme				12
Which	1	2	3				and Cost	Adjusting		10	11	
Premiums				Loss Pa	yments	Containmer	t Payments	Paym		1		
Were				4	5	6	7	8	9	1	Total	Number of
Earned										Salvage	Net Paid	Claims
and Losses										and	(Cols. 4 - 5	Reported
Were	Direct and		Net	Direct and		Direct and		Direct and		Subrogation		Direct and
Incurred	Assumed	Ceded	(Cols. 1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2000	0	0	0	0	0	0	0	0	0	0	0	0
3. 2001	0	0	0	0	0	0	0	0	0	0	0	0
4. 2002	0	0	0	0	0	0	0	0	0	0	0	0
5. 2003	0	0	0	0	0	0	0	0	0	0	0	0
6. 2004	0	0	0	0	0	0	0	0	0	0	0	0
7. 2005	0	0	0	0	0	0	0	0	0	0	0	0
8. 2006	0	0	0	0	0	0	0	0	0	0	0	0
9. 2007	27	5	22	4	0	2	0	0	0	0	6	1
10. 2008	66	4	62	3	0	2	0	2	0	0	7	4
11. 2009	264	189	75	0	0	0	0	(2)	0	0	(2)	2
12. Totals	XXX	XXX	XXX	7	0	4	0	0	0	0	11	XXX

		Losses				se and Cost C	Containment U	Jnpaid	Adjusting Unj	and Other paid	23	24	25
	Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	· IBNR	21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	6	0	45	42	3	0	0	0	0	0	0	12	2
12.	6	0	45	42	3	0	0	0	0	0	0	12	2

		Total		Loss and I	Loss Expense P	ercentage			34	Net Balar	nce Sheet
	Losses an	d Loss Expense	s Incurred		red/Premiums Ea		Nontabula	r Discount	Inter-	Reserves A	fter Discount
	26 Direct and	27	28	29 Direct and	30	31	32	33 Loss	Company Pooling Participation	35 Losses	36 Loss Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	xxx	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	6	0	6	22.2	0.0	27 .3	0	0	0.0	0	0
10.	7	0	7	10.6	0.0	11.3	0	0	0.0	0	0
11.	52	42	10	19.7	22.2	13.3	0	0	0.0	9	3
12.	xxx	XXX	XXX	xxx	xxx	xxx	0	0	xxx	9	3

SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

\$000	OMITTED)	

Years in	Pi	remiums Earn	ed			Los	ss and Loss Ex	kpense Payme	nts			12
Which	1	2	3				and Cost	Adjusting		10	11	
Premiums				Loss Pa	ayments	Containmer	t Payments	Payn	nents			
Were				4	5	6	7	8	9	1	Total	Number of
Earned										Salvage	Net Paid	Claims
and Losses	1									and	(Cols. 4 - 5	Reported
Were	Direct and	.	Net	Direct and		Direct and		Direct and		Subrogation		Direct and
Incurred	Assumed	Ceded	(Cols. 1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1. Prior	xxx	xxx	xxx	0	0	0	0	0	0	0	0	xxx
2. 2000	0	0	0	0	0	0	0	0	0	0	0	0
3. 2001	0	0	0			0	0	0	0	0	0	0
4. 2002	0	0	0	0	0	0	0	0	0	0	0	0
5. 2003	0	0	0	0	0	0	0	0	0	0	0	0
6. 2004	0	0	0	0	0	0	0	0	0	0	0	0
7. 2005	0	0	0	0	0	0	0	0	0	0	0	0
8. 2006	0	0	0	0	0	0	0	0	0	0	0	0
9. 2007	0	0	0	0	0	0	0	0	0	0	0	0
10. 2008	0	0	0	0	0	0	0	0	0	0	0	0
11. 2009	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

									A ali a ti a a		1 00		
		Losses	Unnaid		Defen	se and Cost (Containment L	Innaid	Adjusting Ung		23	24	25
	Case		Bulk +	· IBNR		Basis	Bulk +		21	22	†		
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0		ANIE	0	0	0	0	0	0
5.	0	0	0	0	0	13,		0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

		Total		Loss and	Loss Expense P	ercentage			34	Net Balar	nce Sheet
	Losses an	d Loss Expense	s Incurred		red/Premiums Ea		Nontabula	r Discount	Inter-		fter Discount
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.		0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P-PART 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

(\$000 OMITTED)

Years in	Pi	emiums Earne	ed			Los	s and Loss Ex	kpense Payme	ents			12
Which	1	2	3				and Cost	Adjusting		10	11	1
Premiums				Loss Pa	,	Containmer	t Payments		nents	1		
Were				4	5	6	7	8	9		Total	Number of
Earned										Salvage	Net Paid	Claims
and Losses						D:		5		and	(Cols. 4 - 5	Reported
Were	Direct and		Net	Direct and		Direct and	0	Direct and		Subrogation	+ 6 - 7	Direct and
Incurred	Assumed	Ceded	(Cols. 1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1. Prior	xxx	xxx	xxx	0	0	0	0	0	0	0	0	xxx
2. 2008	813	264	549	233	0	20	0	12	0	0	265	xxx
3. 2009	1,059	462	597	353	59	21	4	33	0	0	344	XXX
4. Totals	XXX	XXX	XXX	586	59	41	4	45	0	0	609	XXX

		Losses	Unpaid		Defen	se and Cost (Containment U	Jnpaid	Adjusting Unj	and Other paid	23	24	25
İ	Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	· IBNR	21	22	1		
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	7	0	0	0	0	0	0	0	0	0	0	7	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	105	7	0	0	7	0	0	0	0	0	0	105	12
4	112	7	0	0	7	0	0	0	0	0	0	112	12

	Losses an	Total Id Loss Expense	s Incurred		oss Expense Pe ed/Premiums Ea		Nontabula	r Discount	34 Inter-	Net Balar Reserves Af	
ŀ	26	27	28	29	30	31	32	33	Company Pooling	35	36 Loss
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Participation Percentage	Losses Unpaid	Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	xxx	7	0
2.	265	0	265	32.6	0.0	48.3	0	0	0.0	0	0
3.	519	70	449	49.0	15.2	75.2	0	0	0.0	98	7
4.	xxx	xxx	xxx	xxx	xxx	xxx	0	0	xxx	105	7

Schedule P - Part 1J - Auto Physical NONE

Schedule P - Part 1K - Fidelity/Surety NONE

Schedule P - Part 1L - Other NONE

Schedule P - Part 1M - International NONE

Schedule P - Part 1N - Reinsurance NONE

Schedule P - Part 10 - Reinsurance NONE

Schedule P - Part 1P - Reinsurance NONE

Schedule P - Part 1R - Prod Liab Occur NONE

Schedule P - Part 1R - Prod Liab Claims $\begin{tabular}{c} NONE \end{tabular}$

Schedule P - Part 1S-Fin./Mtg. Guaranty
NONE

Schedule P - Part 1T - Warranty NONE

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

	INCURRED	NET LOSSES	AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	R END (\$000	OMITTED)	DEVELO	PMENT
Years in Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were												
Incurred	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	One Year	Two Year
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2000	0	0	0	0	0	0	0	0	0	0	0	0
3. 2001	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2002	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2003	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2004	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2005	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2006	XXX	XXX	XXX	XXX	XXX	XXX	578	283	272	281	9	(2)
9. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,115	966	1,022	56	(93)
10. 2008	XXX	XXX	XXX	XXX	XXX	XXX	xxx	xxx	1,534	1,244	(290)	XXX
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,236	XXX	XXX
										12. Totals	(225)	(95)

SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2000	0	0	0	0	0	0	0	0	0	0	0	0
3. 2001	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2002	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2003	XXX	XXX	XXX	0	<u> </u>	0	0	0	0	0	0	0
6. 2004	XXX	xxx	XXX	XXX	N		0	0	0	0	0	0
7. 2005	XXX	xxx	XXX	XXX	xxx.N		0	0	0	0	0	0
8. 2006	XXX	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2007	XXX	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2008	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	xxx
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0
2.	2000	0	0	0	0	0	0	0	0	0	0	0	0
3.	2001	xxx	0	0	0	0	0	0	0	0	0	0	0
4.	2002	XXX	xxx	0	0	0	0	0	0	0	0	0	0
5.	2003	XXX	xxx	XXX	0	0	0	0	0	0	0	0	0
6.	2004	XXX	xxx	XXX	XXX	N		0	0	0	0	0	0
7.	2005	XXX	xxx	XXX	XXX	XXX V		0	0	0	0	0	0
8.	2006	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2007	xxx	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10.	2008	XXX	xxx	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0	xxx
11.	2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
			•					•	•	•	12. Totals	0	0

SCHEDULE P - PART 2D- WORKERS' COMPENSATION

1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0
2.	2000	0	0	0	0	0	0	0	0	0	0	0	0
3.	2001	xxx	0	0	0	0	0	0	0	0	0	0	0
4.	2002	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.		XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2004	XXX	XXX	XXX	XXX	N		0	0	0	0	0	0
	2005		XXX	XXX	XXX	xxx.N		0	0	0	0	0	0
8.	2006	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2007	XXX	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11.	2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
		·			·		·	·			12. Totals	0	0

SCHEDULE P - PART 2E- COMMERCIAL MULTIPLE PERIL

	_				`						_	
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2000	0	0	0	0	0	0	0	0	0	0	0	0
3. 2001	xxx	0	0	0	0	0	0	0	0	0	0	0
4. 2002	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2003	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2004	XXX	XXX	XXX	XXX	N		0	0	0	0	0	0
7. 2005	XXX	XXX	XXX	XXX	XXX.		0	0	0	0	0	0
8. 2006	XXX	XXX	XXX	XXX	xxx	XXX	0	0	0	0	0	0
9. 2007	XXX	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0	0	0
10. 2008	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	0	0	0	XXX
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
	•	•	•		•		•	•	•	12. Totals	0	0

SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

	INCURRED	NET LOSSES	AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END (\$000	OMITTED)	DEVELO	PMENT
Years in Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were												
Incurred	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	One Year	Two Year
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2000	0	0	0	0	0	0	0	0	0	0	0	0
3. 2001	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2002	XXX	XXX	0	0			0	0	0	0	0	0
5. 2003	XXX	XXX	XXX	0			0	0	0	0	0	0
6. 2004	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2005	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2006	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2008	XXX	XXX	XXX	XXX	XXX	XXX	xxx	xxx	0	0	0	XXX
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0
2.	2000	0	0	0	0	0	0	0	0	0	0	0	<u> </u> 0
3.	2001	xxx	0	0	0	0	0	0	0	0	0	0	0
4.	2002	XXX	xxx	0	0	0	0	0	0	0	0	0	0
5.	2003	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2004	XXX	XXX	XXX	XXX	N		0	0	0	0	0	0
7.	2005	XXX	XXX	XXX	XXX	xxk.N		0	0	0	0	0	0
8.	2006	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11.	2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
											12. Totals	0	0

SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

	_												
1	. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2	. 2000	0	0	0	0	0	0	0	0	0	0	0	0
3	. 2001	XXX	0	0	0	0	0	0	0	0	0	0	0
4	. 2002		XXX	0	0	0	0	0	0	0	0	0	0
5	. 2003	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6	. 2004	XXX		XXX	XXX	N		0	0	0	0	0	0
7	. 2005	XXX	XXX	XXX	XXX	XXX N		0	0	0	0	0	0
8	. 2006	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9	. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10	. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11	. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
	_	•			•	•					12. Totals	0	0

SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

		_				_	_	_				_		
	1. F	Prior	0	0	0	0	0	0	0	0	0	0	0	0
1	2. 2	2000	0	0	0	0	0	0	0	0	0	0	0	0
	3. 2	2001	XXX	0	0	0	0	0	0	0	0	0	0	0
	4. 2	2002	XXX	XXX	0	0	0	0	0	0	0	0	0	0
	5. 2	2003	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
	6. 2	2004	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
	7. 2	2005	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
	8. 2	2006	XXX	XXX	XXX	XXX	XXX		0	0	0	0	0	0
	9. 2	2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	6	6	0	(1)
1	0. 2	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	5	(3)	XXX
1	1. 2	2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	XXX	XXX
												12 Totals	(3)	(1)

SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0
2.	2000	0	0	0	0	0	0	0	0	0	0	0	0
3.	2001	XXX	0	0	0	0	0	0	0	0	0	0	<u> </u> 0
4.	2002	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2003	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2004	XXX	XXX	XXX	xxx	N		0	0	0	0	0	0
7.	2005	XXX	XXX	XXX	XXX	xxk.N.		0	0	0	0	0	0
8.	2006	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10.	2008	XXX	XXX	xxx	xxx	XXX	XXX	XXX	xxx	0	0	0	xxx
11.	2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
											12. Totals	0	0

SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

	INCURRED	NET LOSSES	AND DEFE	NSE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END (\$000	OMITTED)	DEVELO	PMENT
Years in Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were Incurred	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	One Year	Two Year
incurred	2000	2001	2002	2003	2004	2005	2000	2007	2006	2009	Offe feat	TWO Teal
1. Prior	xxx	xxx	xxx	xxx	xxx	xxx	xxx	95	111	107	(4)	12
2. 2008	xxx	xxx	XXX	xxx	xxx	xxx	xxx	xxx	254	253	(1)	xxx
3. 2009	XXX	xxx	XXX	XXX	xxx	XXX	xxx	XXX	XXX	416	XXX	XXX
										4. Totals	(5)	12

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior	xxx	xxx	xxx	xxx	xxx	xxx	XXX	0	0	0	0	0
2. 2008	xxx	xxx	xxx	xxx	X	OMIF	xxx	xxx	0	0	0	xxx
3. 2009	xxx	xxx	XXX	xxx	XXX	XXX	XXX	xxx	XXX	0	xxx	xxx
										4. Totals	0	0

SCHEDULE P - PART 2K - FIDELITY, SURETY

1. Prior	XXX	xxx	xxx	XXX	xxx	xxx	xxx	0	0	0	0	0
2. 2008	xxx	xxx	xxx	xxx	xx \		xxx	xxx	0	0	0	xxx
3. 2009	xxx	xxx	xxx	xxx	×××	XXX	xxx	xxx	XXX	0	xxx	xxx
										4. Totals	0	0

SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	xxx	xxx	xxx	xxx	xxx	xxx	xxx	0	0	0	0	0
2. 2008	xxx	xxx	xxx	xxx	××		xxx	xxx	0	0	0	xxx
3. 2009	xxx	xxx	XXX	XXX	XXX	OINL XXX	xxx	xxx	XXX	0	XXX	xxx
	•	•								4. Totals	0	0

SCHEDULE P - PART 2M - INTERNATIONAL

1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0
2.	2000	0	0	0	0	0	0	0	0	0	0	0	0
3.	2001	xxx	0	0	0	0	0	0	0	0	0	0	0
4.	2002	xxx	xxx	0	0	0	0	0	0	0	0	0	0
5.	2003	xxx	xxx	XXX	0	0	0	0	0	0	0	0	0
6.	2004	XXX	xxx	XXX	xxx	-N	ONF	0	0	0	0	0	0
7.	2005	xxx	xxx	xxx	xxx	xxx	0	0	0	0	0	0	0
8.	2006	xxx	xxx	xxx	xxx	xxx	xxx	0	0	0	0	0	0
9.	2007	xxx	xxx	xxx	xxx	xxx	xxx	xxx	0	0	0	0	0
10.	2008	xxx	xxx	XXX	xxx	xxx	xxx	xxx	xxx	0	0	0	xxx
11.	2009	XXX	XXX	XXX	xxx	XXX	XXX	XXX	xxx	XXX	0	XXX	xxx
											12. Totals	0	0

Schedule P - Part 2N

NONE

Schedule P - Part 20

NONE

Schedule P - Part 2P

NONE

Schedule P - Part 2R - Prod Liab Occur

NONE

Schedule P - Part 2R - Prod Liab Claims

NONE

Schedule P - Part 2S

NONE

Schedule P - Part 2T

NONE

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

	CUMUL	ATIVE PAID	NET LOSSES	S AND DEFEN	NSE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	R END	11	12
					(\$000 OI	MITTED)					1	Number of
	1	2	3	4	5	6	7	8	9	10	Number of	Claims
											Claims	Closed
Years in Which											Closed With	
Losses Were	0000	0004	0000	0000	0004	0005	0000	0007	0000	0000	Loss	Loss
Incurred	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Payment	Payment
1. Prior	000	0	0	0	0	0	0	0	0	0	0	0
2. 2000	0	0	0	0	0	0	0	0	0	0	0	0
3. 2001	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2002	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2003	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2004	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2005	XXX	XXX	XXX	XXX	xxx	0	0	0	0	0	0	0
8. 2006	xxx	XXX	XXX	XXX	xxx	XXX	228	247	250	250	4	0
9. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	624	792	901	64	19
10. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	812	1,077	144	73
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,483	181	113

SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	000	0	0	0	0	0	0	0	0	0	0	0
2. 2000	0	0	0	0	0	0	0	0	0	0	0	0
3. 2001	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2002	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2003	XXX	XXX	XXX	0			0	0	0	0	0	0
6. 2004	XXX	XXX	XXX	XXX	IN'	UINE	0	0	0	0	0	0
7. 2005	XXX	XXX	XXX	xxx	XXX	0	0	0	0	0	0	0
8. 2006	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1.	Prior	000	0	0	0	0	0	0	0	0	0	0	0
2.	2000	0	0	0	0	0	0	0	0	0	0	0	0
3.	2001	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2002	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2003	xxx	XXX	XXX	0	N Î		0	0	0	0	0	0
6.	2004	XXX	XXX	XXX	XXX	N	UINE	0	0	0	0	0	0
7.	2005	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8.	2006	XXX	XXX	XXX		XXX	XXX	0	0	0	0	0	0
9.	2007	xxx	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0	0	0
10.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11.	2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

SCHEDULE P - PART 3D - WORKERS' COMPENSATION

1.	Prior	000	0	0	0	0	0	0	0	0	0	0	0
2.	2000	0	0	0	0	0	0	0	0	0	0	0	0
3.	2001	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2002	XXX	xxx	0	0	0	0	0	0	0	0	0	0
5.	2003	XXX	xxx	XXX	0			0	0	0	0	0	0
6.	2004	XXX	xxx	XXX	XXX	I N	UINE	0	0	0	0	0	0
7.	2005	xxx	xxx	XXX	xxx	xxx	0	0	0	0	0	0	0
8.	2006	xxx	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2007	xxx	xxx	XXX	xxx	xxx	XXX	xxx	0	0	0	0	0
10.	2008	xxx	xxx	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0	0
11.	2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

_													
1.	Prior	000	0	0	0	0	0	0	0	0	0	0	0
2.	2000	0	0	0	0	0	0	0	0	0	0	0	0
3.	2001	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2002	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2003	XXX	XXX	XXX	0			0	0	0	0	0	0
6.	2004	XXX	XXX	XXX	XXX	N		0	0	0	0	0	0
7.	2005	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8.	2006	XXX	XXX	xxx	XXX	XXX	XXX	0	0	0	0	0	0
9.	2007	XXX	XXX			XXX	XXX	XXX	0	0	0	0	0
10.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11.	2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

	CUMUL	ATIVE PAID I	NET LOSSES	AND DEFEN	NSE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
					(\$000 OI	MITTED)						Number of
	1	2	3	4	5	6	7	8	9	10	Number of	Claims
l.,											Claims	Closed
Years in Which											Closed With	
Losses Were	2000	2001	2002	2002	2004	2005	2006	2007	2000	2000	Loss	Loss
Incurred	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Payment	Payment
1. Prior	000	0	0	0	0	0	0	0	0	0	0	0
2. 2000	0	0	0	0		\sim	0	0	0	0	0	0
3. 2001	xxx	0	0	0	\		0	0	0	0	0	0
4. 2002	xxx	XXX	0	0			0	0	0	0	0	0
5. 2003	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2004	xxx	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2005	XXX	XXX				0	0	0	0	0	0	0
8. 2006	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

	1.	Prior	000	0	0	0	0	0	0	0	0	0	0	0
	2.	2000	0	0	0	0	0	0	0	0	0	0	0	0
	3.	2001	XXX	0	0	0	0	0	0	0	0	0	0	0
	4.	2002	XXX	XXX	0	0	0	0	0	0	0	0	0	0
	5.	2003	XXX	XXX	XXX	0			0	0	0	0	0	0
	6.	2004	XXX	XXX	XXX	XXX	IN'		0	0	0	0	0	0
	7.	2005	XXX	XXX	XXX	XXX	xxx	0	0	0	0	0	0	0
	8.	2006	XXX	XXX	XXX	XXX	xxx	XXX	0	0	0	0	0	0
	9.	2007	XXX	XXX	XXX	XXX	xxx	XXX	xxx	0	0	0	0	0
	10.	2008	XXX	XXX	XXX	XXX	xxx	XXX	xxx	xxx	0	0	0	0
L	11.	2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1.	Prior	000	0	0	0	0	0	0	0	0	0	XXX	XXX
2.	2000	0	0	0	0	0	0	0	0	0	0	XXX	xxx
3.	2001	xxx	0	0	0	0	0	0	0	0	0	xxx	xxx
4.	2002	XXX	XXX	0	0	0	0	0	0	0	0	xxx	xxx
5.	2003	xxx	XXX	XXX	0			0	0	0	0	xxx	xxx
6.	2004	xxx	XXX	XXX	XXX	I V (UINE	0	0	0	0	xxx	xxx
7.	2005	xxx	XXX	XXX	XXX	xxx	0	0	0	0	0	xxx	xxx
8.	2006	xxx	xxx	XXX	XXX	xxx	XXX	0	0	0	0	xxx	xxx
9.	2007	xxx	xxx	XXX	XXX	xxx	XXX	xxx	0	0	0	xxx	xxx
10.	2008	XXX	XXX	XXX	XXX	xxx	xxx	XXX	xxx	0	0	xxx	xxx
11.	2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Pri	ior000	0	0	0	0	0	0	0	0	0	0	0
2. 200	00	0	0	0	0	0	0	0	0	0	0	0
3. 200	01XXX	0	0	0	0	0	0	0	0	0	0	0
4. 200	02XXX	xxx	0	0	0	0	0	0	0	0	0	0
5. 200	03XXX	xxx	XXX	0	0	0	0	0	0	0	0	0
6. 200	04XXX	xxx	XXX	XXX	0	0	0	0	0	0	0	0
7. 200	05XXX	xxx	XXX	xxx	XXX	0	0	0	0	0	0	0
8. 200	06XXX	xxx	XXX			XXX	0	0	0	0	0	0
9. 200	07XXX	xxx	XXX	xxx	XXX	XXX	xxx	0	6	6	1	0
10. 200	08XXX	xxx	xxx	XXX	xxx	xxx	xxx	xxx	2	5	2	2
11. 200	09 XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1.	Prior	000	0	0	0	0	0	0	0	0	0	0	0
2.	2000	0	0	0	0	0	0	0	0	0	0	0	0
3.	2001	xxx	0	0	0	0	0	0	0	0	0	0	0
4.	2002	xxx	XXX	0	0	0	0	0	0	0	0	0	0
5.	2003	xxx	XXX	xxx	0			0	0	0	0	0	0
6.	2004	XXX	XXX	XXX	XXX	I V '	UINE	0	0	0	0	0	0
7.	2005	XXX	XXX	XXX	XXX	xxx	0	0	0	0	0	0	0
8.	2006	XXX	XXX	XXX	XXX	xxx	XXX	0	0	0	0	0	0
9.	2007	XXX	XXX	XXX	XXX	xxx	XXX	XXX	0	0	0	0	0
10.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0	0
11.	2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

	CUMUL	ATIVE PAID	NET LOSSES	S AND DEFE	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
					(\$000 OI	MITTED)						Number of
	1	2	3	4	5	6	7	8	9	10	Number of	Claims
											Claims	Closed
Years in Which											Closed With	Without
Losses Were			2222		0004	000=					Loss	Loss
Incurred	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	100	100	XXX	XXX
2. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	233	253	XXX	xxx
												İ
3. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	311	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Pri	or	XXX	xxx	xxx	XXX	xxx	XXX	xxx	000	0	0	0	0
2. 20		XXX	xxx	XXX	XXX	$ \times N$		xxx	XXX	0	0	0	0
3. 20	09	XXX	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	0	0	0

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	xxx	xxx	xxx	XXX	xx <u>x</u>	XXX	xxx	000	0	0	xxx	xxx
2. 2008	XXX	XXX	XXX	xxx	_xxN		_ xxx	XXX	0	0	xxx	xxx
3. 2009	XXX	xxx	XXX	XXX	xxx	xxx	xxx	xxx	xxx	0	xxx	XXX

SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	xxx	XXX	XXX	000	0	0	XXX	XXX
2. 2008	XXX	xxx	XXX	XXX	$ \times N$	OME	xxx	xxx	0	0	XXX	xxx
3. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

1.	Prior	000	0	0	0	0	0	0	0	0	0	xxx	XXX
2.	2000	0	0	0	0	0	0	0	0	0	0	xxx	xxx
3.	2001	xxx	0	0	0	0	0	0	0	0	0	xxx	xxx
4.	2002	xxx	xxx	0	0	0	0	0	0	0	0	xxx	xxx
5.	2003	xxx	xxx	xxx	0	0		0	0	0	0	xxx	xxx
6.	2004	xxx	xxx	xxx	xxx	N ⁽		0	0	0	0	xxx	xxx
7.	2005	xxx	xxx	xxx	xxx	xxx	0	0	0	0	0	xxx	xxx
8.	2006	xxx	xxx	xxx	xxx	xxx	xxx	0	0	0	0	xxx	xxx
9.	2007	xxx	xxx	xxx	xxx	xxx	xxx	XXX	0	0	0	xxx	xxx
10.	2008	xxx	xxx	xxx	xxx	xxx	xxx	XXX	xxx	0	0	xxx	xxx
11.	2009	XXX	XXX	xxx	XXX	XXX	xxx	XXX	XXX	XXX	0	XXX	xxx

Schedule P - Part 3N

NONE

Schedule P - Part 3O

NONE

Schedule P - Part 3P

NONE

Schedule P - Part 3R - Prod Liab Occur

NONE

Schedule P - Part 3R - Prod Liab Claims

NONE

Schedule P - Part 3S

NONE

Schedule P - Part 3T

NONE

SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

	BULK AND IE	BNR RESERVES	ON NET LOSS	SES AND DEFE	NSE AND COST	CONTAINMEN	IT EXPENSES F	REPORTED AT	YEAR END (\$00	00 OMITTED)
Years in Which	1	2	3	4	5	6	7	8	9	10
Losses Were	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Incurred	2000	2001	2002	2003	2004	2003	2000	2007	2006	2009
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2000	0	0	0	0	0	0	0	0	0	0
3. 2001	XXX	0	0	0	0	0	0	0	0	0
4. 2002	XXX	XXX	0	0	0	0	0	0	0	0
5. 2003	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2004	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2005	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2006	xxx	XXX	XXX	XXX	XXX	XXX	286	36	7	6
9. 2007	xxx	XXX	XXX	XXX	XXX	XXX	xxx	209	39	35
10. 2008	xxx	XXX	xxx	XXX	XXX	XXX	xxx	XXX	357	93
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX	762

SCHEDULE P - PART 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2000	0	0	0	0	0	0	0	0	0	0
3. 2001	XXX	0	0	0	0	0	0	0	0	0
4. 2002	XXX	XXX	0	0	0	0	0	0	0	0
5. 2003	XXX	XXX	XXX	R		0	0	0	0	0
6. 2004	XXX	XXX	XXX	XXX		0	0	0	0	0
7. 2005	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2006	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. P	rior	0	0	0	0	0	0	0	0	0	0
2. 20	000	0	0	0	0	0	0	0	0	0	0
3. 20	001X	ΧX	0	0	0	0	0	0	0	0	0
4. 20	002 X	ΧX	xxx	0	0	0	0	0	0	0	0
5. 20	003X	ΧX	xxx	xxx		I CONTO	0	0	0	0	0
6. 20	004 X	ΧX	XXX	XXX	XXX	UCIN et	0	0	0	0	0
7. 20	005 X	ΧX	xxx	xxx	xxx	XXX	0	0	0	0	0
8. 20	006 X	ΧX	XXX	XXX	XXX	xxx	XXX	0	0	0	0
9. 20	007 X	ΧX	xxx	xxx	xxx	xxx	XXX	xxx	0	0	0
10. 20	XX	ΧX	xxx	XXX	xxx	XXX	XXX	XXX	XXX	0	0
11. 20	009 X	ΧX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4D - WORKERS' COMPENSATION

		_	· · · · · ·		<i>,</i>	• ••••					
1.	Prior	0	0	0	0	0	0	0	0	0	0
2.	2000	0	0	0	0	0	0	0	0	0	0
3.	2001	XXX	0	0	0	0	0	0	0	0	0
4.	2002	XXX	XXX	0	0	0	0	0	0	0	0
5.	2003	XXX	XXX	XXX			0	0	0	0	0
6.	2004	XXX	XXX	XXX	XXX		0	0	0	0	0
7.	2005	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0
8.	2006	xxx	XXX	xxx	XXX	XXX	XXX	0	0	0	0
9.	2007	xxx	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0
10.	2008	xxx	XXX	xxx	XXX	XXX	XXX	xxx	XXX	0	0
11.	2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2000	0	0	0	0	0	0	0	0	0	0
3. 2001	XXX	0	0	0	0	0	0	0	0	0
4. 2002	XXX	XXX	0	0	0	0	0	0	0	0
5. 2003	XXX	XXX	XXX		1	0	0	0	0	0
6. 2004	XXX	XXX	XXX	XXX		0	0	0	0	0
7. 2005	XXX	XXX	XXX	XXX.	XXX	0	0	0	0	0
8. 2006	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2007	XXX	XXX	XXX	XXX	xxx	XXX	XXX	0	0	0
10. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

	BULK AND IE	BNR RESERVES	S ON NET LOSS	SES AND DEFE	NSE AND COST	CONTAINMEN	IT EXPENSES F	REPORTED AT	YEAR END (\$00	00 OMITTED)
Years in Which	1	2	3	4	5	6	7	8	9	10
Losses Were	2000	2004	2002	2002	2004	2005	2006	2007	2000	2000
Incurred	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2000	0	0	0	0	0	0	0	0	0	0
3. 2001	XXX	0	0	0	00	0	0	0	0	0
4. 2002	XXX	XXX	0	 		0	0	0	0	0
5. 2003	XXX	XXX	XXX	0 `		0	0	0	0	0
6. 2004	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2005	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2006	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2007	XXX	XXX	xxx	XXX	XXX	XXX	xxx	0	0	0
10. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1.	Prior	0	0	0	0	0	0	0	0	0	0
2.	2000	0	0	0	0	0	0	0	0	0	0
3.	2001	XXX	0	0	0	0	0	0	0	0	0
4.	2002	XXX	XXX	0	0	0	0	0	0	0	0
5.	2003	XXX	XXX	XXX			0	0	0	0	0
6.	2004	XXX	XXX	XXX	XXX		0	0	0	0	0
7.	2005	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8.	2006	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9.	2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10.	2008		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11.	2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2000	0	0	0	0	0	0	0	0	0	0
3. 2001	xxx	0	0	0	0	0	0	0	0	0
4. 2002	xxx	XXX	0	0	0	0	0	0	0	0
5. 2003	XXX	XXX	XXX			0	0	0	0	0
6. 2004	XXX	XXX	xxx	xxx		0	0	0	0	0
7. 2005	XXX	XXX	XXX	XXX.	XXX	0	0	0	0	0
8. 2006	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2007	XXX	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0
10. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2000	0	0	0	0	0	0	0	0	0	0
3. 2001	XXX	0	0	0	0	0	0	0	0	0
4. 2002	XXX	XXX	0	0	0	0	0	0	0	0
5. 2003	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2004	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2005	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2006		XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1.	Prior	0	0	0	0	0	0	0	0	0	0
2.	2000	0	0	0	0	0	0	0	0	0	0
3.	2001	xxx	0	0	0	0	0	0	0	0	0
4.	2002	XXX	XXX	0	0	0	0	0	0	0	0
5.	2003	XXX	XXX	xxx			0	0	0	0	0
6.		xxx		xxx	xxx	リノコンは	0	0	0	0	0
7.	2005	xxx	XXX	xxx	xxx -	XXX	0	0	0	0	0
8.	2006	xxx	XXX	xxx	XXX	xxx	XXX	0	0	0	0
	2007	xxx	XXX	XXX	XXX	xxx	XXX	XXX	0	0	0
10.	2008	xxx	XXX	xxx	XXX	xxx	XXX	xxx	XXX	0	0
11.	2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

	BULK AND IE	BNR RESERVES	S ON NET LOSS	SES AND DEFE	NSE AND COS	CONTAINMEN	IT EXPENSES F	REPORTED AT	YEAR END (\$00	00 OMITTED)
Years in Which	1	2	3	4	5	5	7	8	9	10
Losses Were										
Incurred	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
2. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	xxx	xxx	xxx	_xxx	xxx	xxx	0	0	0
2. 2008	xxx	xxx	xxx		10NE	xxx	xxx	xxx	0	0
3. 2009	XXX	XXX	XXX	xxx	XXX	xxx	XXX	xxx	xxx	0

SCHEDULE P - PART 4K - FIDELITY/SURETY

	1. Prior	XXX	xxx	xxx	xxx	_xxx	xxx	xxx	0	0	0
İ	2. 2008	xxx	xxx	xxx	xxx \	IONE	xxx	xxx	xxx	0	0
	3. 2009	xxx	xxx	xxx	xxx	XXX	xxx	xxx	xxx	xxx	0

SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	xxx	XXX	XXX	_xxx	XXX	xxx	0	0	0
2. 2008	xxx	xxx	xxx	xxx_ \	IONE	E xxx	xxx	xxx	0	0
3. 2009	XXX	XXX	xxx	xxx	XXX	xxx	XXX	xxx	XXX	0

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2000	0	0	0	0	0	0	0	0	0	0
3. 2001	xxx	0	0	0	0	0	0	0	0	0
4. 2002	xxx	xxx	0	0	0	0	0	0	0	0
5. 2003	xxx	xxx	xxx	0		0	0	0	0	0
6. 2004	xxx	xxx	xxx	xxx N		0	0	0	0	0
7. 2005	xxx	xxx	xxx	XXX	xxx	0	0	0	0	0
8. 2006	xxx	xxx	xxx	xxx	xxx	XXX	0	0	0	0
9. 2007	xxx	xxx	xxx	xxx	xxx	xxx	xxx	0	0	0
10. 2008	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	0	0
11. 2009	xxx	XXX	xxx	xxx	XXX	xxx	xxx	xxx	xxx	0

Schedule P - Part 4N

NONE

Schedule P - Part 40

NONE

Schedule P - Part 4P

NONE

Schedule P - Part 4R - Prod Liab Occur

NONE

Schedule P - Part 4R - Prod Liab Claims

NONE

Schedule P - Part 4S

NONE

Schedule P - Part 4T - Warranty NONE

SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

		CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
Years in	1	2	3	4	5	6	7	8	9	10	
Which Premiums											
Were Earned											
and Losses											
Were Incurred	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
1. Prior	0	0	0	0	0	0	0	0	0	0	
2. 2000	0	0	0	0	0	0	0	0	0	0	
3. 2001	XXX	0	0	0	0	0	0	0	0	0	
4. 2002	xxx	XXX	0	0	0	0	0	0	0	0	
5. 2003	xxx	XXX	xxx	0	0	0	0	0	0	0	
6. 2004	xxx	XXX	xxx	XXX	0	0	0	0	0	0	
7. 2005	xxx	XXX	xxx	XXX	XXX	0	0	0	0	0	
8. 2006	xxx	XXX	xxx	XXX	XXX	XXX	20	3	4	4	
9. 2007	XXX	XXX	xxx	XXX	XXX	XXX	xxx	39	63	64	
10. 2008	xxx	XXX	xxx	XXX	xxx	XXX	xxx	xxx	83	144	
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	181	

SECTION 2

					SECTION 2					
			NUMBER	R OF CLAIMS O	UTSTANDING D	DIRECT AND AS	SSUMED AT YE	AR END		
Years in Which Premiums Were Earned and Losses	1	2	3	4	5	6	7	8	9	10
Were Incurred	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2000	0	0	0	0	0	0	0	0	0	0
3. 2001	xxx	0	0	0	0	0	0	0	0	0
4. 2002	xxx	xxx	0	0	0	0	0	0	0	0
5. 2003	xxx	XXX	xxx	0	0	0	0	0	0	0
6. 2004	xxx	XXX	xxx	XXX	0	0	0	0	0	0
7. 2005	xxx	XXX	xxx	XXX	XXX	0	0	0	0	0
8. 2006	xxx	XXX	xxx	XXX	XXX	XXX	0	1	1	1
9. 2007	xxx	XXX	xxx	XXX	XXX	XXX	xxx	42	4	3
10. 2008	xxx	xxx	xxx	XXX	xxx	XXX	xxx	xxx	72	7
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	161

SECTION 3

		SECTION 3												
		CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END												
Years in Which Premiums Were Earned and Losses	1	2	3	4	5	6	7	8	9	10				
Were Incurred	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009				
1. Prior	0	0	0	0	0	0	0	0	0	(
2. 2000	0	0	0	0	0	0	0	0	0	(
3. 2001	xxx	0	0	0	0	0	0	0	0	(
4. 2002	XXX	XXX	0	0	0	0	0	0	0	(
5. 2003	XXX	XXX	XXX	0	0	0	0	0	0	(
6. 2004	xxx	XXX	XXX	XXX	0	0	0	0	0	C				
7. 2005	xxx	XXX	xxx	XXX	XXX	0	0	0	0	0				
8. 2006	xxx	XXX	xxx	XXX	XXX	XXX	0	46	46					
9. 2007	xxx	XXX	xxx	XXX	xxx	XXX	xxx	99	100	86				
10. 2008	xxx	XXX	XXX	XXX	xxx	XXX	xxx	XXX	201	224				
11 2009	l xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45.5				

Schedule P - Part 5B- SN1 NONE

Schedule P - Part 5B- SN2

NONE

Schedule P - Part 5B- SN3

Schedule P - Part 5C- SN1

Schedule P - Part 5C- SN2

NONE

Schedule P - Part 5C- SN3

NONE

Schedule P - Part 5D- SN1 NONE

Schedule P - Part 5D- SN2

NONE

Schedule P - Part 5D- SN3

NONE

Schedule P - Part 5E- SN1 NONE

Schedule P - Part 5E- SN2

NONE

Schedule P - Part 5E- SN3

NONE

Schedule P - Part 5F- SN1A NONE

Schedule P - Part 5F- SN2A NONE

Schedule P - Part 5F- SN3A NONE

Schedule P - Part 5F- SN1B NONE

Schedule P - Part 5F- SN2B NONE

Schedule P - Part 5F- SN3B NONE

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

		CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT	DIRECT AND A	SSUMED AT YE	AR END	
Years in	1	2	3	4	5	6	7	8	9	10
Which Premiums										
Were Earned										
and Losses										
Were Incurred	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2000	0	0	0	0	0	0	0	0	0	0
3. 2001	xxx	0	0	0	0	0	0	0	0	0
4. 2002	xxx	XXX	0	0	0	0	0	0	0	0
5. 2003	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2004	XXX	XXX	xxx	XXX	0	0	0	0	0	0
7. 2005	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2006	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2007	xxx	XXX	xxx	XXX	XXX	XXX	xxx	0	0	1
10. 2008	xxx	XXX	xxx	XXX	XXX	xxx	xxx	xxx	0	2
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

					SECTION 2A					
		NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END								
Years in Which Premiums Were Earned and Losses	1	2	3	4	5	6	7	8	9	10
Were Incurred	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2000	0	0	0	0	0	0	0	0	0	0
3. 2001	xxx	0	0	0	0	0	0	0	0	0
4. 2002	xxx	XXX	0	0	0	0	0	0	0	0
5. 2003	xxx	XXX	xxx	0	0	0	0	0	0	0
6. 2004	xxx	XXX	xxx	XXX	0	0	0	0	0	0
7. 2005	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2006	xxx	XXX	xxx	XXX	XXX	XXX	0	0	0	0
9. 2007	xxx	XXX	xxx	XXX	XXX	XXX	XXX	0	0	0
10. 2008	xxx	XXX	xxx	XXX	XXX	XXX	XXX	XXX	2	0
11. 2009	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	2

SECTION 3A

					SECTION 3A					
		CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END								
Years in Which Premiums Were Earned and Losses	1	2	3	4	5	6	7	8	9	10
Were Incurred	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2000	0	0	0	0	0	0	0	0	0	0
3. 2001	xxx	0	0	0	0	0	0	0	0	0
4. 2002	xxx	xxx	0	0	0	0	0	0	0	0
5. 2003	xxx	xxx	xxx	0	0	0	0	0	0	0
6. 2004	XXX	XXX	xxx	XXX	0	0	0	0	0	0
7. 2005	XXX	XXX	xxx	XXX	XXX	0	0	0	0	0
8. 2006	XXX	XXX	xxx	XXX	XXX	XXX	0	0	0	0
9. 2007	xxx	xxx	xxx	xxx	xxx	XXX	xxx	0	2	1
10. 2008	xxx	xxx	xxx	XXX	xxx	XXX	xxx	XXX	3	4
11. 2009	l xxx	xxx	l xxx	xxx	xxx	XXX	XXX	xxx	XXX	2

Schedule P - Part 5H- SN1B

NONE

Schedule P - Part 5H- SN2B

NONE

Schedule P - Part 5H- SN3B

NONE

Schedule P - Part 5R- SN1A

NONE

Schedule P - Part 5R- SN2A

NONE

Schedule P - Part 5R- SN3A

NONE

Schedule P - Part 5R- SN1B

NONE

Schedule P - Part 5R- SN2B

NONE

Schedule P - Part 5R- SN3B

NONE

Schedule P - Part 5T- SN1

NONE

Schedule P - Part 5T- SN2

NONE

Schedule P - Part 5T- SN3

NONE

Schedule P - Part 6C - SN1

NONE

Schedule P - Part 6C - SN2

NONE

Schedule P - Part 6D - SN1

NONE

Schedule P - Part 6D - SN2

NONE

Schedule P - Part 6E - SN1

Schedule P - Part 6E - SN2

Schedule P - Part 6H - SN1A NONE

Schedule P - Part 6H - SN2A NONE

Schedule P - Part 6H - SN1B NONE

Schedule P - Part 6H - SN2B NONE

Schedule P - Part 6M - SN1 NONE

Schedule P - Part 6M - SN2

NONE

Schedule P - Part 6N - SN1 NONE

Schedule P - Part 6N - SN2

NONE

Schedule P - Part 60 - SN1

Schedule P - Part 60 - SN2 NONE

Schedule P - Part 6R - SN1A NONE

Schedule P - Part 6R - SN2A NONE

Schedule P - Part 6R - SN1B NONE

Schedule P - Part 6R - SN2B NONE

Schedule P - Part 7A - Section 1

Schedule P - Part 7A - Section 2

NONE

Schedule P - Part 7A - Section 3

NONE

Schedule P - Part 7A - Section 4
NONE

Schedule P - Part 7A - Section 5 NONE

Schedule P - Part 7B - Section 1

Schedule P - Part 7B - Section 2

NONE

Schedule P - Part 7B - Section 3

NONE

Schedule P - Part 7B - Section 4
NONE

Schedule P - Part 7B - Section 5

Schedule P - Part 7B - Section 6
NONE

Schedule P - Part 7B - Section 7 NONE

SCHEDULE P INTERROGATORIES

The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included. 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional Yes [] No [X] If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions: 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No [X] 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No [X] If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [] N/A [X] 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P: DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability
Column 24: Total Net Losses and Expenses Unpaid Years in Which Premiums Were Earned and Losses Were Incurred Section 1: Occurrence Section 2: Claims-Made 1 601 Prior 1.602 2000 1.603 2001 1 604 2002 1.605 2003 1.606 2004 1.607 2005 1 608 2006 1 609 2007 1.610 2008 1.611 2009 1.612 Totals n The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? 2 Yes [] No [X] The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts 3. and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement?: Yes [] No [X] Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X] If Yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed. 5. What were the net premiums in force at the end of the year for: (in thousands of dollars) 5.1Fidelity 5.2Surety 6. Claim count information is reported per claim or per claimant (indicate which) CLAIMANT If not the same in all years, explain in Interrogatory 7. The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have 7 1

occurred that must be considered when making such analyses?

An extended statement may be attached

7.2

Yes [] No [X]

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

		, 110001	ted By States and Territ		iness Only		
		1 Life (Group and	2 Annuities (Group	3 Disability Income (Group and	4 Long-Term Care (Group and	5 Deposit-Type	6
States, Etc.		individual)	and individual)	individual)	individual)	Contracts	Totals
1. Alabama							
2. Alaska							-
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA					ļ	-
6. Colorado	CO						
7. Connecticut							
Delaware District of Columbia	DE DC						
	FL						
11. Georgia	GA						-
12. Hawaii						 	
13. Idaho	ID						-
14. Illinois	IL						
15. Indiana	IN						
16. lowa	IA					†	·
17. Kansas						†	1
18. Kentucky						·	
19. Louisiana	LA						
	ME						
21. Maryland	MD						
22. Massachusetts	MA						-
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana		N					-
28. Nebraska	NE		$\mathbf{N}(\cdot)\mathbf{N}$				
29. Nevada	NV						
30. New Hampshire	NH						
	NJ						
32. New Mexico							
33. New York							
34. North Carolina							
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma							
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island							
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT					ļ	
46. Vermont	VT						<u> </u>
47. Virginia						ļ	ļ
48. Washington							
49. West Virginia							
50. Wisconsin	WI						
51. Wyoming						ļ	
52. American Samoa							
53. Guam							
54. Puerto Rico							
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands						ļ	ļ
57. Canada	CN						
58. Other Alien	OT						
59. Totals		0	0	0	0	0	1

g

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10 11	12	13
NAIC Company	Federal ID		Shareholder	Capital	Loans or Other	Incurred in Connection with Guarantees or Undertakings for the Benefit of any	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance	Any Other Material Activity Not in the Ordinary Course of the Insurer's		Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts		* Business	Totals	Taken/(Liability)
40004	20-3179005	NBIC FINANCIAL HOLDINGS INC. NARRAGANSETT BAY INSURANCE COMPANY. PAWTUCKET INSURANCE COMPANY. NBIC SERVICE COMPANY.		(15,000,000) 9,000,000			3,112,045 (4,880,196) 4,290,270			(11,887,955) (11,887,955) (119,804 (290,270	
43001 14931	05-0394576 05-0197250	NAKKAGANSETT BAY INSUKANCE COMPANY		9,000,000			(4,880,196)			4,119,804	
14931	26-3867627	INRIC SERVICE COMPANY		6,000,000			(2,522,119)			3,477,881	
	20-300/02/	INDIC SERVICE COMPANI					(2,322,118)			3,477,001	
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9999999	Control rotals		0	0	0	0	0	0)	XX 0	0	(

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	RESPONSES
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.		YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES.
	MAY FILING	
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YESYES
10.		YES
	The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
	MARCH FILING	
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0
12.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	N0
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
15.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	N0
17.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	N0
18.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	
20.		YES
21.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
22.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
	APRIL FILING	
23.		NO
24.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
25.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO

Explanation:

11.

12.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

14 15 16 18. 21. 23 25 Bar Code:

13.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

OVERFLOW PAGE FOR WRITE-INS

P011 Additional Aggregate Lines for Page 11 Line 24. *EXEXP - Underwriting and Investment - Part 3 - Expenses

	1	2	3	4
	Loss Adjustment	Other Underwriting		
	Expenses	Expenses	Investment Expenses	Total
2404. CHARITABLE CONTRIBUTIONS		34,808		34,808
2497. Summary of remaining write-ins for Line 24 from page 11	0	34,808	0	34,808

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